

Yr Ref : SNM24D206691/SJW7887Y

Our Ref : YR1307T

Without Prejudice

06TH MAR 2025

Attn: Motor Claim Dept

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD
3 ANSON ROAD
#15-00 SPRINGLEAD TOWER
SINGAPORE 079909

Dear Sir/Mdm,

Accident involving YR1307T & SJW7887Y on 27/11/2024 09:55hrs along Boon Keng Rd

We refer to the above said accident.

We enclosed herewith relevant document as stated below:-

1. Accident Report
2. Final Repair Bill
3. Letter of authority
4. Certificate of insurance
5. Driver IC & DL
6. LTA search receipt

As instructed, we are claiming the following as stated below:-

1. Cost of Repair	S\$	2,725.00
2. Loss of Use (S\$ 200 x 4 days)	S\$	800.00
3. LTA search fee	S\$	27.25
4. Towing Fee	S\$	-
Total : S\$		3,552.25

We do not have the survey report and photographs as our client's motor vehicle was surveyed by your appointed surveyor.

Please kindly let us know whether you are prepared to settle our client's claim & we look forward to here from you soonest.

Thank you.

Best Regards



Susan Tan

R & S AutoClaim Pte Ltd

Tel : 6264 7001 ext : 110 Fax : 6264 7002

Tax Invoice

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD
3 ANSON ROAD
#16-00 SPRINGLEAF TOWER
SINGAPORE 079909
Tel: 68396111
Fax: 62221033
Attn: MOTOR CLAIM DEPARTMENT

INVOICE NO. : IV.25030002
DATE : 05/03/2025
TERMS : Progress Claim
REF NO. :
JOB NO. :

VEHICLE NO. : YR1307T

CHASSIS NO. : FEB21EA30425

MODEL NO. : MITSUBISHI FEB21ER4SDEN (CBU)

DATE OF ACCIDENT : 27/11/2024

DESCRIPTION		ITEM	UNIT PRICE	AMOUNT
1	LUMPSUM REPAIR	1	2,500.00	2,500.00

Amount	2,500.00
9% GST	225.00
Total SGD	2,725.00

Sum of Singapore Dollars Two Thousand Seven Hundred Twenty Five Only

Bank Details:-
Bank Name :- UNITED OVERSEAS BANK
Account Name:- R & S AUTOCLAIM PTE LTD
Account Number :- 387-313-227-0
Bank Address :- 1 FARRER PARK STATION ROAD
#01-13 CONNEXION SINGAPORE 217562
Bank Code :- 7375
Branch Code:- 332
Swift Code :- UOVBSGSG
PayNow – UEN :- 202245519N

R&S Autoclaim Pte. Ltd.

MINOKO



Authorised Signature



Land Transport Authority
10 Sin Ming Drive
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 27 Nov 2024 / 13:17:57

Receipt Date/Time : 27 Nov 2024 / 13:17:51

Tax Invoice/Receipt

Receipt No. : ITNET-00000-241127-002223

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SJW7887Y				
As at 27 Nov 2024/09:55:00				
Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD				
Insurance Co: MSIG INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - SJW7887Y			
	Enquiry Fee	25.00	2.25	27.25
	20241127131655458527			
YR1307T (DoA:27/11/2024)	Sub-Total	25.00	2.25	27.25
	Total Before Rounding	25.00	2.25	27.25
	Rounding Difference			0.00
	Total Amount Payable			27.25
Paid By				
	526471XXXXXX6937	eNETS Credit Card		27.25
	Total			27.25
	Cash Change			0.00
	Tendered Amount			27.25
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

LETTER OF AUTHORISATION

RE: ACCIDENT INVOLVING VEHICLE NO.: YR1307T & SJW7887Y

ALONG JUNCTION OF BOON KENG RD & KALLANG PL ON 27/11/2024 09:55AM

TONG GUAN SEAFOOD PTE LTD

I/We NRIC/Passport No.: 202140564W of

15 JLN TEPONG #02-09 JURONG FOOD HUB (S) 619336 the owner of vehicle no. YR1307T hereby

authorise you to commence repair to the said vehicle forthwith. In consideration of you repairing my/our vehicle at my/our request.

- a) I/We hereby irrevocably authorise you to demand claim settle receive whatever amount settled/payable by the insurance and/or third party or to commence legal proceeding, if necessary, in my name, for the costs of repair and loss of use, etc and to you appointing any Solicitor to act for me in respect of the accident's claim and all an any amount claimed, received and/or settled shall belong absolutely to you. I/We agree to assign the whole proceeds of my/our third party claim to you and my/our Solicitors (to be appointed by you on my/our behalf) shall accept this as my/our irrevocable authorisation to pay the amount compensated direct to you after deduction of their costs on a Solicitor & Client basis. I/We undertake to co-operate fully with you and my/our Solicitors to see the claim to a successful conclusion.
- b) If the third party claim is unsuccessful or in your discretion inappropriate for any reason, I/we hereby instruct and authorise you to claim direct from my/our insurance company on my/our behalf for all monies due to you. I undertake to pay you for the Excess applicable under my policy and to reimburse you all costs, fees and expenses incurred by you in pursuing the claim on my behalf.
- c) If the own insurers' claim is not applicable and/or the third party claim fails and/or either of the aforesaid is inadequate, I/we undertake to pay you for your expenses, costs and fees immediately,

I/We also irrevocably authorise you to sign all discharge vouchers/indemnity forms and all necessary papers in connection with the above claim in my/our absence. I/We irrevocable authorise you to appoint such a firm of Solicitors on my/our behalf as you shall deem fit for the purpose of the third party/own insurer's claim.

I/We undertake to inform you and/or the Solicitors appointed by you on my behalf in the event the third party's insurance company communicate with me/us directly, orally or in writing and I/we further undertake not to accept any monies or offer of settlement from the third party's insurers without first communicating with you and obtaining your consent.

Upon settlement of the third party claim and in case the settlement monies was sent to me/us by the third party's insurers, I/we undertake to pay you and my/our solicitor the cost of repairs settled and related expenses and disbursement incurred.

My/Our insurer is/are ALLIANZ INSURANCE (S) PTE LTD

Policy No.: SP2031062835-01

Expiry Date: 26/8/2025

Date:

Excess: \$700

X k. Rini



Owner's Signature/Co's stamp (if applicable)

MINOKO



Witness Signature/Name

Attn: Motor Claims Dept

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

3 Anson Road

#16-00 SpringLeaf Tower

Singapore 079909

Dear Sir/Mdm,

ACCIDENT ON 27/11/2024 09:55AM

INVOLVING VEHICLE No.: YR1307T & SJW7887Y

ALONG JUNCTION OF BOON KENG RD & KALLANG PL

I/We the registered owner/driver of vehicle No. YR1307T which was involved in the above accident with motor vehicle No. SJW7887Y insured by you.

I/We also hereby authorise that any payment due to me/us from the aforesaid claim be paid to **R&S Autoclaim Pte Ltd**.

I/We hereby indemnify **R&S Autoclaim Pte Ltd** against all claims and/or damages which may arise from all action taken for and on my/our behalf.

I/We hereby affirmed that above-mentioned statement to be true and correct.

Yours faithfully,

X K. Rivy



Owner Signature

(Company's stamp if applicable)

Name in Full : TONG GUAN SEAFOOD PTE LTD

NRIC No. : 202140564W

Address : 15 JLN TEPONG #02-09 JURONG FOOD HUB (S) 619336